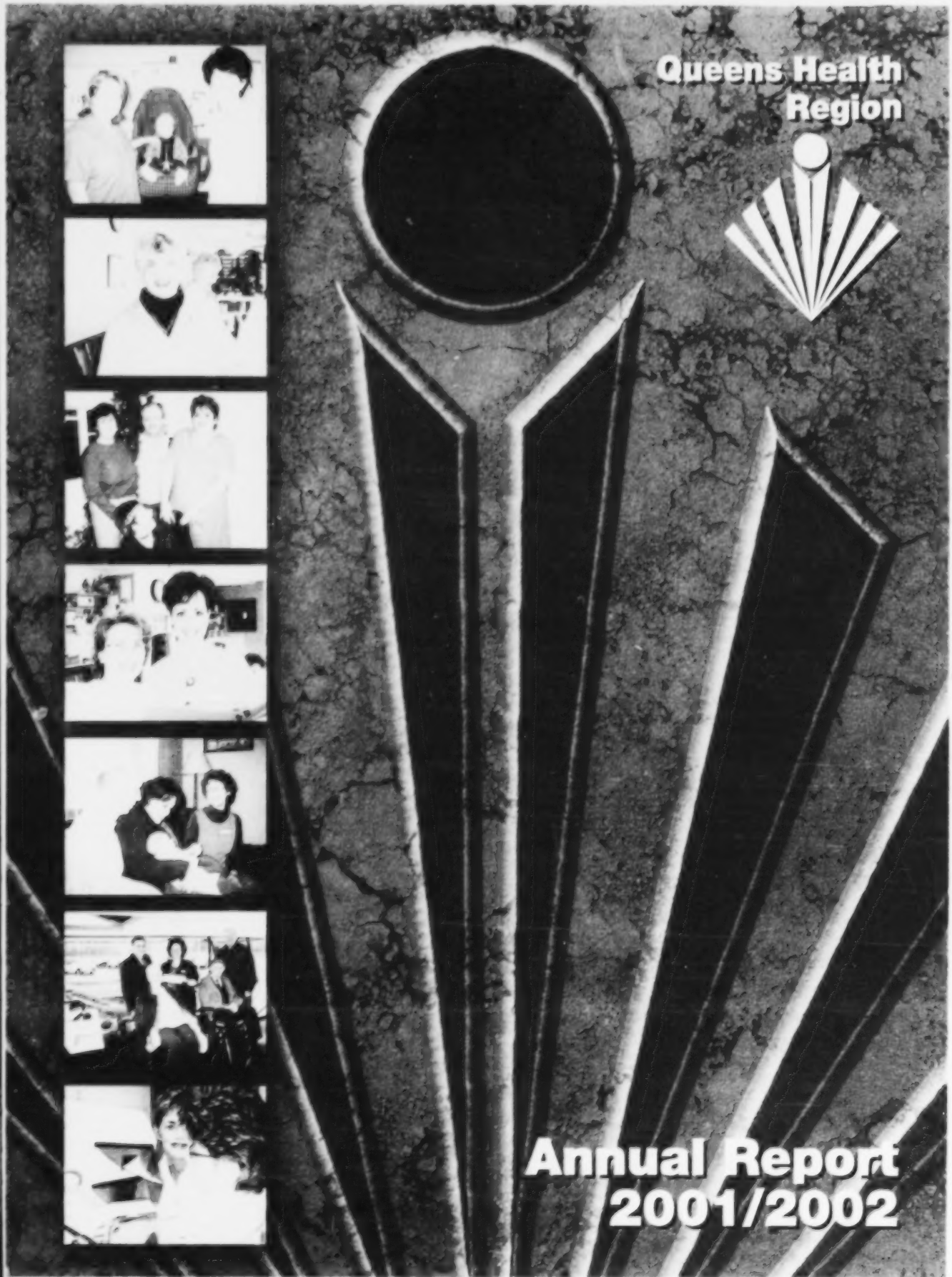
Queens Health
Region
Annual Report
2001/2002

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Queens Health Region

Annual Report

2001/2002

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Board Chair & Chief Executive Officer's Report

During the time period covered by this Annual Report, the Queens Health Region was part of a broader health system restructuring announcement. The restructuring process has provided an opportunity for us to examine our programs and services, and to reflect on all that has been achieved since the Region was established.

Our Board has spent a great deal of time working on strategic planning for the current and future Queens Health Region. Board members and senior staff have collaborated to begin a plan that will see our programs and services evolve to ensure we are meeting the true needs of our community.

The restructuring will place us in a better position to focus on primary health care, on community services and the provision of those services that promote health and prevent illness. We will be working towards minimizing the effects of chronic diseases which take a serious toll on the quality of life of Islanders and the sustainability of our health system.

The quality of our service and the level of satisfaction experienced by those we serve is directly related to the staff and physicians who plan and deliver our services. We are fortunate in this region, to have talented and dedicated professionals; we will continue to strive to support and encourage their efforts to provide excellent care. We thank them all because they truly are the system.

The restructuring plan will see the movement of acute care, addiction services and some mental health services from the Queens Region to the new Provincial Health Services Authority. We would like to recognize the staff and physicians, who under the new structure, will no longer be part of Queens Region Health. It is our hope that, although structurally separate, the good work and the level of integration achieved over the last number of years will continue to benefit all of our clients.

We would also like to thank the hundreds of volunteers who offer their time and talents right across our Region. We truly could not function without their support. These volunteers include our own board members, who are the community voice in our health system. Last year, we mourned the loss of Dr. Leon Loucks, one of the first-ever elected members of our board. Dr. Loucks has made a lasting contribution to our board and Region.

The coming year holds the promise of many exciting new initiatives, and further development of innovative programs. We look forward to new collaboration among our physicians and staff, a new emphasis on health promotion and on-going opportunities to further strengthen our ties to the community.

Sylvia Poirier,
Board Chair

Sylvia Barron
Chief Executive Officer

Board Members

The Queens Region Health and Community Services Board was established in 1996 as an appointed board mandated to set expectations for outcomes that help achieve a healthy community, as well as direction for how the Region operates as an organization.

One of the Board's main responsibilities is ensuring the Region provides quality services to the community. It is not the role of the board to get involved in the day-to-day operations of the organization. Rather, the Board sets policies with the expectation that the CEO and managers will identify how to achieve quality service and report back to the board. To do its work, the Board meets at least once a month, and sometimes more often depending on the issues.

In 1999, the board structure changed to include both elected and appointed community members, who ensure a link exists between the health region and community. Elected members represent one of five Regional Zones, while appointed members are members at large. There are currently eight members:

Sylvia Poirier, Chair
Zone One

Doug MacDonald
Zone Two

Bill Fitzpatrick
Zone Three

Kirsten Connor
Zone Four

Vacant
Zone Five

Dr. David Knickle
Appointed

Judy Gillis
Appointed

Dr. Bob Johnson
Appointed

Dr. David McKenna
Appointed

Organizational Chart

Mission, Vision & Values

MISSION

Provide a broad range of supports and services from prevention to treatment to rehabilitation.

The Region, with communities, will strengthen the health and well-being of the people through the appropriate, effective and efficient use of available resources, while encouraging and promoting self reliance.

OUR VISION

The health of the people in the Queens Region will continue to improve. This will be achieved by a shared responsibility between the Region and the community. We are working to achieve a more supportive environment where individuals, families and communities will have access to information to make healthy choices about their lives.

Our organizations will:

- Ensure that quality health services are available to people who need them
- Ensure that staff work in an environment of respect, dignity, and recognition for their work
- Have a greater emphasis on illness prevention and health promotion
- Encourage excellence in the work of the organization
- Make informed decisions based on an ongoing review of the needs of the community

OUR VALUES

The Queens Region values all individuals, families and communities. Honesty, integrity and respect will guide us in our relationships with each other and the public.

- We promote quality in what we do
- We value and support the efforts, skills and dedication and ongoing development of staff, volunteers and physicians
- We believe the people we serve are the focus of our work
- We value the contributions of community individuals and groups in enhancing the health of the people in the Region
- We believe available resources must be used appropriately, effectively and efficiently
- We promote innovation, open communication and team work
- We believe the future must be built on the excellence of the past
- We believe that individuals, families and communities have a shared responsibility with the Queens Region to maintain and enhance their health and well being. We will work with them in a climate of mutual trust.

Our Goals:

- To deliver effective services and programs based on community needs

- To promote effective approaches that focus on health promotion, illness prevention and earlier intervention

- To foster a stimulating and challenging work environment where all people enjoy working

- To promote and recognize the contributions and input of the community

- To use our resources in the most efficient way

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Benefits

Sick Leave Usage		
	2000/2001	2001/2002
Average sick days per FTE	9.86	10.93
Average sick days per employee	8.68	9.28

Days lost to WCB		
	2000	2001/2002
Average days lost per FTE	3.07	2.5
Average days per employee	1.85	1.42
Immunization doses -Influenza	832	948
Immunization doses-Hepatitis B	247	255
# OH & S Committees	5	7
Employee Health Services Referrals	44	40

Staffing

	2000/2001	2001/2002
Nursing Includes RNs, LNAs, HCWs in hospitals, nursing homes and community programs		
New Permanent	48	75
New Casual/Temporary	121	130
Retirements/Other Departures	47	46
Social and Community Programs Includes Social Workers, Social Services Workers, etc.		
New Permanent	7	22
New Casual/Temporary	52	43

Retirements/Other Departures	15	7
Management Includes Directors, Managers and Supervisors		
New Permanent	3	3
New Casual/Temporary	0	1
Retirements/Other Departures	6	1
Other Health Providers Includes Therapists, Technologists, Dieticians, etc.		
New Permanent	9	11
New Casual/Temporary	29	15
Retirements/Other Departures	9	11
Support Staff Includes Clerks, Secretaries, Service Workers, Trades, Computer Services, etc.		
New Permanent	26	32
New Casual/Temporary	87	104
Retirements/Other Departures	29	29

Finance And Corporate Services

Finance and Information Technology

Purpose:

The mission of Finance and Information Technology is to provide leadership in financial and information technology to all staff and management in the Queens Region to assure the efficient and effective use of resources and to enable informed decision making.

The clients of Finance and Information Technology Services are the CEO, Board, managers & directors in the region, other staff of the region and department, and regional suppliers.

Accountability: The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

Environmental Services

Purpose:

The mission of Environmental Services is to provide a safe, clean environment and required laundry services within available resources.

Environmental Services provides services to the managers, staff, physicians, volunteers and programs of the Queens Region. Environmental Services cleans approximately 570,000 feet of floor surface each day, and processes over 2.5 million pounds of laundry each year.

Accountability: The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

Facilities Management

Purpose:

The mission of Facilities Management is to efficiently operate and maintain equipment to assure a safe and comfortable environment.

Facilities Management provides services to the managers, staff, physicians, volunteers and programs of the Queens Region as well as some specialized services to other regions. Facilities Management also sees its role as providing for the needs of patients, clients, and their families.

Accountability: The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

Program Support and Planning

Purpose:
The purpose of the Program Support and Planning Division is to provide leadership, advice and support to Regional staff in the planning, delivery, and evaluation of quality health services.

Specific areas of responsibility for the Division are:

- ***Strategic Planning***- Over the past year the Program Support and Planning Division supported Regional strategic planning by:

  - conducting a Community Needs Assessment,
  - leading two joint planning workshops of the Queens Health Region Board and Senior Management, and
  - supporting the development of a Regional Operational Plan.

- ***Communications***- Region communications support included:

  - over 40 communications plans for events such as Regional Accreditation, Regional Annual Meeting, confidentiality policy, Queen Elizabeth Hospital construction promotions, MRI-Linear Accelerator, TD Nursing Awards, Queen Elizabeth Hospital Emergency Room Public Education,
  - 12 issues of the Regional Newsletter and the QEH Newsletter.

- ***Quality Improvement***- Support to the Region included:

  - a Regional Quality Improvement Framework
  - support to Divisions in the development Quality Councils and reports to the Board.

- ***Risk Management***- In addition to the ongoing management of risk management issues the Program Support and Planning Division supported Risk Management by:

  - developing draft policy and processes to track client complaints and issues.

- ***Information Management***- Support to the Region included:

  - the production of four quarterly utilization reports for the Senior Management Team
  - assisting with the development of a funding proposal for program evaluation
  - supporting the development of a Regional policy on confidentiality and sharing of health record information.

Accountability:
The Division is accountable to the Queens Health Region for the quality of its leadership, advice and support.

Division Performance:
Current and planned performance indicators:

- Client satisfaction with the quality of Program Support and Planning services
- Perceived usefulness of Division products (plans, policy, reports, etc.) to assist in decision making and program management
- Number of requests for service
- Number of products produced by the Division

Division Reports

Acute Care & Mental Health

ACUTE CARE

Purpose:

The mission of Acute Care is to provide an appropriate range of acute care hospital services for the people of the Queens Region; and to serve as the major referral centre for specialized hospital services in an integrated health care system for Prince Edward Island.

Programs

QUEEN ELIZABETH HOSPITAL

Purpose:

The Queen Elizabeth Hospital is a 277-bed acute care facility that provides both community services to Queens Region and speciality services provincially. The hospital has a range of services and programs that support both inpatient and outpatient care:

- Emergency Department and Outpatients
- Surgical Services
- Ambulatory Care and Inpatient Services
- Support Services

Accountability: The Queen Elizabeth Hospital is accountable to the Director of Acute Care and Mental Health. As part of the Queens Health Region, the Queen Elizabeth Hospital is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$63,833,226	$62,965,698	$66,078,724	$69,181,394
Human	-	1364	1373	1424

Results:

	1999/2000	2000/2001	2001/2002
Admissions	10,118	10,089	9,486
Births	1008	900	881
Average Length of Stay	7.9 days	8 days	8 days

Patient Days	84,859	80,955	78,312
Medical Staff	102 Physicians	105 Physicians	114 Physicians
Employees	1,364	1,373	1,424
Volunteer Hours of Duty	24,299	24,503	24,392
Outpatient Clinic Visits	8,971	8,729	8,282
Physical Medicine Outpatient Clinic Visits	11,655	11,280	11,152
Prescriptions Filled	218,962	226,591	233,585
Emergency Department Visits	42,879	43,998	43,320
Endoscopy Procedures	3,029	2,823	2,747
Vascular Lab Assessments	2,151	2,265	2,164
IWK Specialty Clinic Patients	795	796	845
Operating Room Procedures	8,292	8,291	7,610
Radiography	50,492	52,310	52,833
Ultrasound	9,432	9,668	9,861
Computed Tomography	10,519	11,677	12,611
Nuclear Medicine	4,601	5,114	5,134
Mammography	3,200	8,316	8,316
Laboratory Medicine Tests	869,963	921,682	992,277

MENTAL HEALTH

Purpose:

The mission of Mental Health is to assist in the improvement of mental health through quality mental health services, promotion of a better understanding of mental health/illness and development of early intervention/treatment, prevention and promotion activities.

HILLSBOROUGH HOSPITAL

Purpose:

As the provincial in-patient psychiatric facility, Hillsborough Hospital's mission is to offer specialized acute and long-term treatment and rehabilitation to the people of Prince Edward Island who have enduring mental illness, persons with mental handicaps and psychogeriatric patients. In addition the Hospital provides day services to former patients. The major specialized services offered include:

- assessment/admission/acute and sub-acute treatment and management
- behavioural management
- rehabilitation/life skills
- domiciliary nursing assessments
- psychogeriatric services

Accountability: Hillsborough Hospital is accountable to the Director of Acute Care and Mental Health. As part of the Queens Health Region, the Hillsborough Hospital is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$7,515,913	$7,549,541	$7,864,768	$8,223,158
Human	148.8 FTEs	144.15 FTEs	140.95 FTEs	137.3 FTEs

MCGILL COMMUNITY MENTAL HEALTH PROGRAM

This program provides a variety of services to individuals who require more than an outpatient service, but do not require hospitalization. Services include treatment, group therapy, one-on-one therapy, long-term injections of antipsychotic medications.

Accountability: McGill Centre is accountable to the Director of Acute Care and Mental Health. As part of the Queens Health Region, the McGill Centre is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$1,268,613	$1,258,697	$1,267,103	$1,213,912

Results:

	1999/2000	2000/2001	2001/2002
McGill Centre			
Referrals	444	318	511
New Cases	210	144	274
Cases Closed	249	227	248

RICHMOND CENTRE

The mandate of the Richmond Centre is to provide a broad range of community-based mental health services to individuals, families, groups, and communities. The mental health teams are established under a multi-disciplinary model with professionals from the disciplines of nursing, psychology, social work, and psychiatry.

Accountability: Richmond Centre is accountable to the Director of Acute Care and Mental Health. As part of the Queens Health Region, Richmond Centre is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$1,011,008	$1,022,879	$1,067, 951	$1,456,036
Human				21.6 FTEs

Results:

	1999/2000	2000/2001	2001/2002
Richmond Centre			
Caseload	2026	1885	2144
Referrals	1571	2007	2144
Average Number of New Admissions Per Month	131	105	101
Percentage of Clients Under 18	25%	25%	33%
Travelling Clinics with Child/Adolescent Psychiatrist	54	50	48
Telepsychiatry Consultation	20	19	14

SHERWOOD HOME

Program Description:

Sherwood Home is a facility which provides a long term residential program with twelve (12) beds, and a respite care service with four (4) beds (one designated as an emergency bed), and a day service. The program is for individuals with severe intellectual disabilities, and often compounded by physical disabilities, behavioral problems, and/or medical issues. This resource is accessed when all community resources have been exhausted. The service is delivered in a developmental and medical model, and staffed accordingly.

Accountability:

Delivery of this program is through the Queens Health Region.

Resources:

	1999/2000	2000/2001	2001/2002
Expenditure	$25,900	$956400	$667300
Human		-	16.7 FTE's

Results:
Presently, the twelve long term beds are full, the day service is accessed by four people (three full days, and one half days), and respite care is provided to nine people and their families. The majority of respite service is provided on the weekends and during the summer months.

QEII UNIT 9
Unit 9 admits clients from the province who present with acute psychiatric symptoms and require voluntary or involuntary status for 24-hour inpatient, short-term assessment and treatment. Unit 9 provides services for both adult and adolescents populations. There are 17 adult, 3 assessment, and 3 adolescent beds.

Accountability: As part of the Queens Health Region, Unit 9 is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$1,239,801	$1,299,360	$1,356,050	$1,370,612
Human	-	-	-	23.5 FTEs

Results:

	1999/2000	2000/2001	2001/2002
QEII Unit 9			
Admissions	659	670	656
Emergency Department Consultations	321	N/A	N/A
Consultations on Other Units	208	N/A	N/A

Child And Family Services

Purpose:

The mission of Child and Family Services is to ensure those children who are most vulnerable are cared for and protected, and to work in partnership with families and communities to provide children and youth with comprehensive quality health and community services which emphasize promotion, prevention and earlier intervention.

Authority to investigate and protect children and youth from neglect and abuse is provided by the provincial Family and Child Services Act. In fiscal year 2001/2002, 1,182 referrals were received, a 10% increase over the previous year. Programs and services provided by the Child and Family services division include:

INVESTIGATION/ASSESSMENT

Child and Family Services have a legal responsibility to investigate all reports of suspected child abuse and neglect. In addition to information and evidence gathering, staff conduct family assessments to determine how the strengths of a family can be utilized to meet the needs of their children.

Results:

Service/Activity	2000/2001	2001/2002
Total Annual Referrals	999	1182
Average Number of Case Terminated Within 3 months	N/A	70
Average Number of Case Terminated Within 6 months	N/A	620 *

* This figure is exclusive of the cases terminated within 3 months. Total average number of cases terminated within a six month period is 690 (70 + 620).

CHILD PROTECTION

The Child Protection Program is intended to ensure all children within the Queens Health Region are safe and received an adequate level of care. It is targeted at vulnerable children whose families have been unable to ensure their safety and care needs are met. Staff work in partnership with families, communities and other governmental and non-governmental agencies to provide children and youth with comprehensive quality health and community services which emphasize promotion, prevention and earlier intervention. Direction from the Courts is sought in those situations where effective partnerships with families cannot be established.

Results:

Service/Activity	2000/2001	2001/2002
Active Child Protection Cases – Monthly	151	147
Active Child Protection Cases That Required Case Involvement	N/A	30
Duration of Case Involvement	N/A	10

Child Abuse & Its Effects

The Child in Care Program ensures that the needs of the child are met when it is necessary for children to leave their homes. Appointed staff provide guardianship functions to ensure that actions taken are in the best interests of the child and that they receive proper care while under the Director of Child Welfare. Staff provide case coordination, case planning, referral and direct service provision (i.e. counselling) services to children in care. Services are provided either directly or in cooperation with other service providers such as educators, mental health professionals, medical service providers and police to children and their families with the intention of reuniting the family when ever possible.

Accountability:

The program is accountable to the Courts, families, the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services)

Results:

Service/Activity	2000/2001	2001/2002
Total Children in Care During Year	179	162
Children in Care Active Cases as of March 31, 2002	151	141
Total "Care Days"*	50,515	48,362

* "Care Days" refers to the number of days that children were in care in Queens Health Region during the fiscal year.

FOSTER CARE

The Foster Care Program provides day to day care for children in care or a substitute or surrogate family environment. Foster care provides an environment that promotes a caring child focused program standard. They are screened, assessed and approved, supported and supervised on an ongoing basis. Approved staff work with foster care providers to ensure the needs of the child are met in keeping with their best interests. The Foster Care program provides support families who are parenting their children in their own homes by providing respite care to relieve pressure on the family and may also work with natural parents to reunite and enhance their ability to parent their children.

Accountability:

Accountability for service delivery in this program is to the Director of Child Welfare for and on behalf of the Minister of Health and Social Services.

Results:

Service/Activity	2020/2021	2021/2022
Active Foster Caregivers	31	40

ADOPTION

The Adoption Program provides eligible homes for children who enter the permanent custody of the Director of Child Welfare. Families receiving an eligible pre-screened, assessed matched with children and prepared for placement. Children are prepared and placed and the eligible placement approved until the adoption is finalized by the Court.

Accountability:

Accountability for provincial mandated work with the provincial coordinator of Adoptions and ultimately with the Director of Child Welfare for and on behalf of the Minister of Health and Social Services.

Results:

Service/Activity	2020/2021	2021/2022
Adoptions Finalized	1	4
Pre-placement Adoptions Approved to Queens to Finalization	N/A	7
Private Pre-Placement Studies Completed	N/A	1

VISITING HOMEMAKERS

The Visiting Homemaker Program provides direct support services to families and children in Queens Health Region in order to preserve the family as the primary care environment for children to be raised. Staff provide advocacy, education, skills development, and practical and direct support to maintain and enhance the ability of parents to care for their children. They also provide transportation and supervision of visits for children in care.

Accountability:

This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	2001/2002
Financial Expenditure	$4,244,000
Human	48.0 FTEs

Results:

Service/Activity	2000/2001	2001/2002
Total Client Families Served During the Year	48	51
Average Active Cases per Month	29	31
Number of Cases Open Beyond 12 Months	13	16

THE FAMILY FACILITY

The Family Facility provides programs of support for children in need of foster care, their birth families, kinship and foster caregivers. More than 1300 supported visits for children in foster care and their families, occurred at the Family Facility in 2001-2002.

Accountability:

This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$196,038	$122,402	$135,621	$136,000
Human	1FTE	1 FTE	1 FTE	3 FTEs

Results:

Service/Activity	2000/2001	2001/2002
New admissions	177	237
Total Active Cases	277	346
Active Cases Year End	86	114
Youth Justice Worker	0 *	22

MAPLE AND EUSTON STREET GROUP HOMES

The Maple and Euston Street Group Homes with a combined total of 12 beds plus one 72 hour emergency bed, provide therapeutic and supportive residential care for adolescents at risk, and respite care for adolescents in the care of the Director of Child Welfare. These homes are designed for adolescents who are in need of support but are capable of relatively normal functioning. These homes work with child protection and child in care staff, as well as natural families, foster parents, the Provincial Adolescent Group Home, police and the other health regions in the provision of services.

Accountability:

This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$631,925	$660,700	$691,503	$722,000
Human	11 FTEs	11 FTEs	11 FTEs	11 FTEs

Results: Euston Street Group Home

Service/Activity	2000/2001	2001/2002
Total Admission During Year	25	22
Total Discharges During Year	21	18
Total Respites	2	3
Average Length of Stay	68	79
Total Resident Days	1,700	1,729

Results: Maple Street Group Home

Service/Activity	2000/2001	2001/2002
Total Admission During Year	31	23
Total Discharges During Year	26	18
Total Respites	6	4
Average Length of Stay	52	75
Total Resident Days	N/A	1,731

PROVINCIAL ADOLESCENT GROUP HOME

The Provincial Adolescent Group Home, with 9 residential beds, provides assessment and treatment for high-risk children aged 12-17 years, and their families. The home provides a high level of supervision and social work treatment services by a clinical social worker and group home team. The PAGH also provides 72-hour emergency placement for high risk or out-of-control adolescents aged 12-17 years. Parents and family members participate in group and family counselling as part of this program. Other partners include mental health, education, youth and criminal justice, and medical services.

Accountability:

This program is accountable to the Director of Child, Community and Family Services, department of Health and social Services and the Director of Child and Family Service for Queens Health Region.

Resources:

	2001/2002
Financial Expenditure	$957,000
Human	16 FTEs

Results:

Service/Activity	2000/2001	2001/2002
Total Number of Residents for Year	N/A	30
Number of New Admissions	22	22
Percentage of Residents From Queens Health Region	59%	59%
Total Resident days	2414	2936
Average Length of Stay (Days)	97	133

FAMILY TIES

The Family Ties Program works with existing child welfare, education and mental health services to ensure the needs of children and families in crisis are met, by offering family focussed crisis intervention, outreach into the community (home, schools, hospitals), family preservation services and adolescent mental health counselling. All services are contracted voluntarily.

Accountability:

This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	2000/2001	2001/2002
Financial Expenditure	$349,085	$375,000
Human	4.6 FTEs	4.6 FTEs

Results:

Service/Activity	2000/2001	2001/2002
Supervised Parent/Child Visits	1291	1401
Anger Management Groups	N/A	13
Family Preservation Peer Support Groups	35	51
Foster Caregiver Support Group Meetings	119	153

Continuing Care

Program Description:
The Division of Continuing Care provides services which support the health and well-being of seniors and others in the community and in long term care. These servcies are delivered through the Home Care and Support Program, Brecken House Day Program, Prince Edward Home and Beach Grove Home

Accountability:
Standards and guidelines for the programs within the Division are developed provincially from both legislation and program leaders to ensure provincial consistency. The programs are under the direction of the Director of Continuing Care. As part of Queens Health Region, the Division is accountable to the Board of Directors through the CEO.

Resources:

2001/2002				
	Beach Grove Home	**Prince Edward Home**	**Home Care & Support**	**Total**
Financial	$ 6,334,800	$7,841,900	$2,205,900	$16,382,600
Human	122 FTEs	153 FTEs	38.5 FTEs	313.5 FTEs

PROGRAM PERFORMANCE
Current and Planned Measures

- Quality of Life
- Client satisfaction
- Staff injuries
- Adverse client occurrences
- Sick leave
- Performance development plans
- Staff satisfaction
- Response time
- Medication use
- Sanitation of Resident's rooms
- Response to Residents Council
- Orientation: Staff and Volunteer
- Documentation

Results:

Client Satisfaction:

client satisfaction is defined as the number of clients who score their overall satisfaction with the care and services they have received as excellent or very good. Our standard is 80% and over the past year this standard has been exceeded.

Response to Residents' Council:

response is defined as the number of issues raised by Resident's Council that have been resolved by the next meeting. Our standard is 75% and we are achieving this standard.

Documentation:

documentation is defined as the number of changes to the care plan which were noted in the communication book within 2 working days of the care plan meeting. Our standard is 100% compliance and we are achieving this standard.

Medication Use:

medication use is defined as the identification of the number of long term care residents who receive 8 or more prescribed 8 or more prescribed medications per day. We are currently researching an best practise standard for this.

Performance Development Plans:

development plans ensure a good work life and role clarity. Our standard is an 85% compliance for completing plans as scheduled. We believe this standard is being met, however, the flagging system does not currently capture this and work is being done to adjust.

	1999/2000	2000/2001	2001/2002
Nursing Homes			
Admissions	196	177	172
Average Wait	30 Days	22 Days	43 Days
Palliative Care Admissions	61	61	42
Convalescent Care Admissions	161	149	126[1]
Respite Care Admissions	47	N/A	50
Home Care & Support			

Average Case Load	410	400	452
Average Number of Visits Per Week	1050	N/A	420
Brecken House			
Participants	48	46	47

Community Services

Purpose:
The mission of the Community Services Division is to improve health by providing a broad range of services through community based promotion, prevention, and early intervention, in addition to supportive and treatment services.

Programs

HEALTH PROMOTION PROGRAMS

COMMUNITY NUTRITION

Purpose:
The Community Nutrition Program provides:

- individual nutritional counseling to prenatal women who are experiencing a high risk pregnancy;
- nutritionist service in partnership with mental health counsellors from Richmond Centre to provide individual and group counselling to clients with eating disorders;
- individual counselling for children and adults referred from other teams in Community Services; Child and Family Services; and Income Support; and
- Nutrition Education Sessions as part of pre-natal classes.

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2001/2002
Financial Expenditure	Included in Community Services Admin Budget
Human	2.4 FTEs

Results:

	2000/2001	**2001/2002**
Prenatal Clients	153	129
Eating Disorder Clients	17	13
Other Clients	45	288
Prenatal Nutrition Classes	17/236 participants	15/236 participants

ADULTS WITH INTELLECTUAL CHALLENGES

Purpose:

Assistance to Queens County Residential Services by providing case management responsibility for 60 clients residing in the community, and training in first aid, CPR and non-violent crisis intervention to care providers.

SPEECH AND AUDIOLOGY

Speech Language Pathology

Purpose:

Speech-language pathology's primary target clientele are children and youth; preschoolers are the priority. The frequency of parent education sessions is increasing as staff provide support to parents to work with their own children. Session topics include language delay in young children, fluency, and helping your child speak more clearly.

Support is provided to the Preschool Special Needs Team, specifically for children with physical and cognitive challenges. Referrals for very young children continue to increase. Service to school age children is primarily assessment and consultation due to the heavy caseloads.

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$287,314	$293,756	$367,825	$430,003
Human	-	-	-	6.84 FTEs

Results:

	2000/2001	2001/2002
Students Served in School Program	223	230
Preschool Referrals	171	162

Provincial Audiology Program

Purpose:

The audiology program provides assessment, diagnosis and rehabilitation to individuals who have auditory disorders. The main diagnostic facility is located at the Ellis Bin Complex with regional clinics held in the provincial nursing homes located in Summerside, Souris, Montague and Alberton.

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$67,455	$77,776	$73,007	$77,727
Human	-	-	-	1.5 FTEs

Results:

	1999/2000	2000/2001	2001/2002
Total Client Visits	772	649	602
Active Caseload	397	375	376
Pre-Schoolers	129	172	172
School-Aged	111	91	91
Adults	157	109	113
Total Referrals	290	303	451

PUBLIC HEALTH NURSING

Purpose:

The objectives of Public Health Nursing programs are to provide health-related services that are equally accessible to all Islanders; services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy lifestyles.

- Prenatal Education- Individual and Classes
- Child Health, Preschool and School Health
- Communicable Disease Control

- Immunization
- Sexually Transmitted Diseases
- Gastrointestinal Infections

- Health Promotion and Illness Prevention
- Head Start Program
- Cradle Program
- Senior High School Program

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$860,700	$1,000,220	$1,102,407	$1,035,300
Human	–	–	–	[illegible]

Results:

	1999/2000	2000/2001	2001/2002
Prenatal Education	39 classes	87 classes	81 classes
Prenatal Class Participants	511	787	650
Infants and Preschoolers Screened	6300 with 521 referrals	7870 with 398 referrals	7101 with 626 referrals
Immunizations given **Children attending clinics**	13,760 10,200	16,270 11,170	15,800 9,240
Cradle Program **# of newborns** **# of non-cradle newborns**	529 270	570 600	597 519
Post Partum Visits **(mother/baby 2mo.)** **(Infant 2 months visit)** **(Preschool 3-4 years)**	1,200 N/A N/A	1,870 N/A N/A	2,561 [illegible] 682
School Aged Visits	11,000	13,870	15,017
Cardiac Follow-up Visits	150	310	360

Health Promotion Presentations	N/A	78	3,145 audit/500 attending
Best Start Program			
• *Universal Screens*		420	417
• *Assessments Completed*		50	48
• *Families Referred*		60	55
Total Number of Clients Seen			65,779

PRIORITIES AND OBJECTIVES FOR 2002/2003

Purpose: The Diabetes Program of Prince Edward Island provides leadership and expertise in diabetes to maintain or enhance the quality of life for people affected by diabetes in Prince Edward Island. As part of our mandate, the program provides diabetes education and management advice to clients and their families who attend the program. The program also plays a leadership role in promoting an awareness of diabetes and prevention in the community by educating health professionals and the public on practices and standards for diabetes care.

Accountability: The program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2001/2002
Financial Expenditures	$150,000
Human	2.5 FTEs

Results:

	1999/2000	**2000/2001**	**2001/2002**
Children Diagnosed	10	10	15
Educational Programs	25 *There were provincial statistics*	30 *There were provincial statistics*	31 Queens 6 Southern Kings 3 Eastern Kings 3 West Prince 4 East Prince

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

[illegible]

- Lacey House (long term care for women)
- Family Program (education and counselling)
- Children of Alcoholics Program (COA)
- Youth Treatment Services
- Student Assistance Program
- Gambling Addiction Program
- Women's Addiction Program
- Smoking Cessation Program (outpatient)

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$2,054,535	$2,710,434	$3,319,702	$3,554,500
Human	-	-	-	64.8 FTEs

Results:

	1999/2000	2000/2001	2001/2002
Rehabilitation Clients	127	100	Inpatient:76 Outpatient: 30
Counselling Sessions	878	1426	not collected
Community Referrals	302	247	not collected
After Care Clients	112	132	76
Detoxification Clients	687	Inpatient: 619 Outpatient: 168	Inpatient: 1304 Outpatient: 130
Lacey House Admissions	26	28	18
Talbot House Admissions	59	77	55
Shelter Unit Admissions	985	900	912

Youth Program Participants	539	348	89
Youth Program Individual Counselling Sessions	428	185	1089
Schools Participating in Student Assistance Program	16	20	15
Family Program Participants	255	894	760 (total # present at programs)
Family Counselling Sessions	216	262 (this number represents actual participants)	326
Family Detox Session Participants	608	495	822 (total # present at programs)
Gambling Program	N/A	N/A	6 participants
Gambling Addiction Program admitted to counselling	N/A	N/A	18
Women's Program	N/A	N/A	N/A (staffed in January 2002)
Tobacco Dependency	N/A	N/A	196
Inpatient Rehab	N/A	N/A	76
Outpatient Rehab	N/A	N/A	18
Community Liaison	N/A	N/A	32 consults with hospital
Interventions	N/A	N/A	32

DENTAL HEALTH - *Provincial Program*

Purpose:

Dental Public Health in Prince Edward Island is a provincial health service, housed in Queens Health Region for administrative purposes. The mission statement of Dental Public Health is "The Division of Dental Public Health will assist Islanders to achieve and maintain optimal oral health, through its focus on children, youth and the more vulnerable members of society, and through the provision of programs and services based on prevention of disease, promotion of health, and reduction of barriers to oral health care services."

Some of the programs that are delivered include the Children's Dental Care Program, the Long Term Care Facilities Dental Program, the Orthodontic Clinic, the Cleft Palate Orthodontic Treatment Funding Program, the Pediatric Specialist Services Dental Program and an Early Childhood Dental Initiatives Program.

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$2,074,916	$2,125,182	$2,226,187	$2,315,331
Human	-	-	-	24 FTEs, plus 55 private dentists

Results:

	2000/2001	2001/2002
Children Served in FY (past 18 mo.)	16,205 (17,482)	15,467 (18,115)
Program Utilization Rate in FY (overall estimated-past 18 mo.	66.1%(87.6%)	63.1%(90.2%)
Dental Screenings at Long-Term Care Facilities	1002	886

Percentage of Children Aged 12 and 13 Who Have Not Experienced Tooth Decay	65%	66.9%
Children Registered with Orthodontic Clinic	513	497
Children 15 - 18 Months Seen Under Early Childhood Dental Initiative	778	544

ENVIRONMENTAL HEALTH - ***Provincial Program***

Purpose:
The mandate of Environmental Health is to promote and establish, through education, consultation and inspection, standards which are in keeping with the Public Health Act of Prince Edward Island and its regulations.

- Food Protection
- Occupational Health
- Recreational/Institutional Program
- Accommodations
- Environmental Health
- Education and Consultation Program
- Radiation Protection Services Program
- Tobacco Sales to Minors

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	1999/2000	2000/2001	2001/2002
Food and Water Illness Prevention Courses	11	11	7
Food Service Facility Inspections	1600	1500	1500
Environmental Health Investigations	330	299	625

Swimming Pool Inspections	89	87	92
Indoor Air Quality Analysis	125	142	80
Childcare Facility Inspections	134	134	132
Tobacco Sales to Minors Investigations	1559	1293	1652

HOUSING SERVICES

Purpose:

- To provide quality services;
- To support independent living wherever possible and feasible;
- To coordinate and/or provide accessible, affordable, and appropriate housing; and
- To assist communities in meeting their health and social support needs.

Programs:

- Senior Citizens Housing
- Garden Suite Demonstration Project
- Family Housing
- Rent Supplement (Families)
- Rural Mortgage Lending Support
- Second Mortgage Loan Program
- Rural Community Housing Program
- Rural and Native Housing Program
- Social Housing
- Helping Hands for Seniors

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002
Financial Expenditure	$1,633,917	$1,745,910	$1,876,356	$1,784,000
Human	-	-	-	7.5 FTEs

Results:

	1999/2000	2000/2001	2001/2002
Senior Housing Units	541	532	539
Applications for Seniors Housing	582 (Active and Inactive)	151 (Active)	106
Maintenance Calls by Staff	1591	1596	1600
Seniors Assisted Through Helping Hands Program	27	31	31
Family Housing Units	176	190	190
Applications for Family Housing	390	550	142
Applications for Repairs Approved	22 (total cost: $19,839)	23 (total cost: $20,544)	NIL (Program terminated)

FOUR NEIGHBOURHOODS COMMUNITY HEALTH CENTRE

Purpose:

Four Neighbourhoods Community Health Centre is a community-based health organization staffed by an interdisciplinary team offering primary health care programs and services to individuals, families and groups.

The primary health care team provides health care services and numerous health promotion, illness prevention and health education programs. The Primary Health Care Team is the first level of contact with individuals, the family and community. Our team includes nurses, physicians, a nutritionist, a community developer, a program facilitator and administrative support staff all helping people achieve their health goals.

Community participation is valued and we have numerous volunteers participating in our programs. A community advisory council and a programming committee also help to ensure community input.

Accountability: This program is accountable to the Director of the Division of Community Services. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2000/2001	2001/2002
Financial Expenditure	$44,792	$364,600
Human	-	5.5 FTEs

Results:

	2000/2001	2001/2002
Caregiver & Tot Drop In	Average 25 participants in 75 sessions	42 adults and 80 children participated
Trailblazer Walking Club	Average 6 participants in 120 sessions	10 participated
Breastfeeding Support Group	Average 6 participants in 39 sessions	24 adults and 38 children participated
Roots of Empathy	25 participants in 14 sessions	26 participants in 28 sessions
Information Sessions: Youth and Depression, Menopause, Parenting,and Health Information	Average 18 participants in 18 sessions	100 participants in these sessions
Professional and Community Groups Using Facility		
CPR Courses; Prenatal Classes; Footcare Clinics; Thyroid Foundation; Prostate Cancer Support Group; Heart to Heart; Richmond Centre; La Leche League; Addictions Centre; Yoga Classes; Tremploy Tutoring Sessions; Lunch n' Learn Sessions.	Average 160 participants in 213 sessions.	
Community Group Activities		

International Year of the Volunteer; Student Recognition; March Break Camp; Canada Day; National Child Day; Summer Camp; Craft Sessions; Heart Smart Breakfast; Trailblazers Pot Luck; Halloween Party etc.	Approximately 670 participants in 15 events	
Volunteers		
Programming Committee; Advisory Council; Footcare Clinic; Breastfeeding Support Group; Caregiver & Tot Program		Approximately 93 participants in these programs
Primary Health Care Team Clinic Statistics		
Total Number of Clients Registered		443
Total Number of Client Visits		1883

Income Support

Division Description:
Income Support supports the health of Islanders by providing quality services and promoting health in partnership with Islanders through the provision of financial assistance to meet basic needs and services to enhance employability levels designed to promote self-sufficiency and community involvement.

FINANCIAL ASSISTANCE

Purpose:
Financial Assistance is a financial (cash benefit) program for an individual (family) who is unable to provide for his/her basic necessities or meet special emergency situations of need for physical, mental, social, economic or other reasons. This program provides for medications; medical, dental, and optical needs; special needs; funerals; cash and material benefits; housing rehabilitation; and adult respite care.

Accountability:
Delivery of the Financial Assistance Program is through the Queens Health Region while the Department role is in the area of policy and standards development. The Welare Assistance Appeals Board (members from across the province appointed by Executive Council) is responsible for reviewing appeals from applicants and beneficiaries.

Resources:

	1999/2000	2000/2001	2001/2002
Financial Expenditure	$17,533,500	$16,224,000	$15,914,600
Human	-	-	43 FTEs

Results:

FA Caseload (families)	1999/2000	2000/2001	2001/2002
	2609	2341	2273

EMPLOYMENT ENHANCEMENT/JOB CREATION

Purpose:
Employment Enhancement/Job Creation Program is mandated by the Queens Region to work with financial assistance clients. The purpose of this work is to enter individuals into employment, reduce or eliminate the need for financial assistance. Services include:

- E.I. Outreach - Active receipt of Financial Assistance and Employment Insurance (EI) or EI claim in the last year.
- Assessment Services - Post secondary, upgrading, career development, educational assessments/skill training plans, employability assessments, career planning, testing, literacy.
- Job Creation Program (JCP) - Clients who are work ready and/or require a subsidy to obtain work.
- Employment Preparation - Getting clients ready to work. Resume writing, cover letter writing, networking, employer contact skills, interview skills.
- Job Focus - Individuals who are read to go to work but who need help in their job search.
- Targeted Wage Subsidy - For clients who have an active EI claim or who have had an active claim within the last three years.
- Partners in Employment - Job maintenance and life skills training for clients between the ages of 18-29.

Accountability:
Delivery of both programs is through the Queens Health Region. Policies and standards development are the responsibility of the Department.

Resources:

	1999/2000	2000/2001	2001/2002
Financial Expenditure	$1,031,000	$874,000	$951,000
Human	-	-	10 FTEs

Results:

	1999/2000	2000/2001	2001/2002
Job Creation Program			
Employers	110	132	123
Placements	460	405	388
Science, Technology and Culture Summer Program Participants	15	12	14
Employment Training Programs			

Employment Preparation Session Participants	Approx. 60	171	50
Single Mother Program Participants	10	24	12
EI Outreach (Employability Program for Financial Assistance and Employment Insurance Clients)			
Clients Referred	325	Approx. 260	213
Interventions in Areas such as Career Decision-Making and Skill Enhancement	269	401	592
Clients Employed	120	155	148

CHILD CARE SUBSIDY PROGRAM

Purpose:

Child Care Subsidy Program assists families with the cost of licensed child care. This program is administered through the five regional health authorities. Subsidies are available when, in the judgement of the regional office, a family's need for child care services is valid. The amount of subsidy depends on the results of a sliding scale income test which considers family size. Full and partial subsidies are available.

Accountability:

Delivery of both programs is through the Queens Health Region. Policies and standards development are the responsibility of the Department.

Resources:

	1999/2000	2000/2001	2001/2002
Financial Expenditure	$1,991,000	$2,039,000	$1,949,000
Human	-	-	2 FTEs

Results:

Child Care Subsidy Program Caseload (families)	1999	2000	2001
	401	451	510

DISABILITY SUPPORT PROGRAM

Purpose:

Disability Support Program (DSP) is a social program with a financial component. It was introduced on October 1, 2001 and will be phased in over 2002.

It helps offer equal access to disability supports to Islanders with a qualifying disability on Prince Edward Island. It encourages economic independence by removing disincentives to work and earn income. It also helps adults receive supports who could not do so in the past because they were not eligible for welfare assistance.

The DSP has three components:

- **Child Disability Supports** to assist families with extraordinary child rearing needs directly related to their child's disability.

- **Adult Disability Supports** to help people with qualifying disabilities achieve their desired level of independence.

- **Employment and Vocational Supports** such as counselling, assessment, training, skills development and pre-employment support through individually focused programs to help the individual gain competitive, long-term employment, or supported employment.

Accountability:

The Department is responsible for the development of program policies, standards and communications of the Disability Support Program, as well as the delivery of the Pre-School Autism Early Intervention Program. Delivery of all other components of the Disability Support Program is done through the Queens Health Region.

Provincial Pharmacy

Division Description:
The Provincial Pharmacy assists Islanders in maintaining and improving their health by providing quality pharmacy services to clients as well as health and community service agencies through the dispensing of medications, education and consultation services, program administration and the purchasing of drugs.

[illegible] [illegible]
Purpose:
These programs provide financial assistance to eligible persons for drug costs, professional pharmaceutical consultation services to clients, government and regional authority institutions and programs and, as well, an economical source of medications to the provincial health and social services system. The programs include the Diabetes Control Program, Family Health Benefit Program, Financial Assistance Program, Multiple Sclerosis Drug Program, Seniors' Drug Cost Assistance Plan, Nursing Home Program and Disease Specific Programs.

Accountability:
The programs are delivered through community retail pharmacies and the Provincial Pharmacy which is operated by, and located within the Queen Regional Health Authority. Program delivery by the retail pharmacies is monitored by the Department through service delivery agreements with the PEI Pharmaceutical Association.

Resources:

Division	[illegible] Regional and Department Staff	
Financial Expenditures	[illegible]	[illegible]
Diabetes Control Program	$923,000	$885,000
Family Health Benefit Program	$58,000	$1,730,000
Financial Assistance Program	$2,026,000	$2,057,000
Multiple Sclerosis Drug Program	$687,000	$681,000
Seniors Drug Cost Assistance Plan	$6,630,000	$7,109,000
Provincial Pharmacy Delivered Programs	$2,077,000	$1,914,876

[illegible] Programs

[illegible] and planned services

For Diabetes Clients: Family Health Benefit, Financial Assistance, Multiple Sclerosis Drug and Device Drug Cost Assistance Programs:

- Number of clients registered
- Number of clients receiving benefits
- Number of paid claims
- Average number of claims per client
- Average cost per client
- Average cost per claim

Results:

[illegible]	[illegible]	[illegible]
Number of Clients Registered	[illegible]	[illegible]
Number of Clients Receiving Benefits	[illegible]	[illegible]
Number of Paid Claims	[illegible]	[illegible]
Average Number of Claims per Client	[illegible]	[illegible]
Average Cost per Client	[illegible]	[illegible]
Average Cost per Claim	[illegible]	[illegible]

[illegible] numbers are not available for the 1999/2000 fiscal year.

[illegible]	[illegible]	[illegible]
Number of Clients Registered	[illegible]	[illegible]
Number of Clients Receiving Benefits	[illegible]	[illegible]
Number of Paid Claims	[illegible]	[illegible]
Average Number of Claims per Client	[illegible]	[illegible]
Average Cost per Client	[illegible]	[illegible]
Average Cost per Claim	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]
Number of Clients Registered	[illegible]	[illegible]
Number of Clients Receiving Benefits	[illegible]	[illegible]

Number of Paid Claims	97012	131942
Average Number of Claims per Client	15.82	20.28
Average Cost per Client	$472.39	$608.20
Average Cost per Claim	$29.86	$29.99

Program statistics are not available for the 1999/2000 fiscal year.

[illegible]	1999/2000	2000/2001	2001/2002
Number of Clients Registered	50	75	58
Number of Clients Receiving Benefits	39	53	58
Number of Paid Claims	324	450	547
Average Number of Claims per Client	8.31	8.49	9.43
Average Cost per Client	$11,228.00	$11,456.08	$11,300.87
Average Cost per Claim	$1,389.60	$1,355.30	$1,207.94

[illegible]	1999/2000	2000/2001	2001/2002
Number of Clients Registered	19482	19629	19671
Number of Clients Receiving Benefits	12444	12955	13405
Number of Paid Claims	153210	170571	180368
Average Number of Claims per Client	12.31	13.17	13.46
Average Cost per Client	$456.05	$507.72	$537.19
Average Cost per Claim	$37.04	$38.56	$39.9

Queens Health Region
(Formerly: Queens Region Health and Community Services)

Financial Statements
March 31, 2002

ARSENAULTBESTCAMERONELLIS

CHARTERED ACCOUNTANTS

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Telephone (902) 368-3100
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June 18, 2002

Auditors' Report

To the Members of
Queens Health Region

We have audited the statement of financial position of **Queens Health Region** as at March 31, 2002 and the statements of revenue and expenditures and unappropriated equity, revenue and expenditures and appropriated equity, cash flows and tangible capital assets for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Queens Health Region as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting recommendations.

Arsenault Best Cameron Ellis

Chartered Accountants

Queens Health Region

Statement of Financial Position

As at March 31, 2002

	2002 $	2001 $
Assets		
Current assets		
Cash	-	181,512
Accounts receivable (note 2)	5,389,782	3,421,677
Due from Province of Prince Edward Island Department of Health and Social Services	12,923,797	10,700,040
Prepaid expenses	2,008,984	1,801,397
	20,322,563	16,104,626
Assets held in trust	77,488	134,711
Appropriated assets	177,422	188,986
	20,577,473	16,428,323
Liabilities		
Current liabilities		
Bank advances	1,925,895	-
Accounts payable and accrued liabilities	8,703,285	8,361,735
Accrued vacation pay and retiring allowances	9,101,062	7,316,069
Deferred revenue	592,321	426,822
	20,322,563	16,104,626
Assets held in trust	77,488	134,711
	20,400,051	16,239,337
Surplus		
Appropriated equity		
Restricted Fund	177,422	188,986
Unappropriated equity	-	-
	177,422	188,986
	20,577,473	16,428,323

Approved by the Board of Directors

Judy Bevis Director

Kirsten P. Connor Director

Queens Health Region

Statement of Revenue and Expenditures and Unappropriated Equity

For the year ended March 31, 2002

	Regional Programs $	Assigned Programs $	2002 Total $	2001 Total $
Revenue				
Contributions - P.E.I. Department of Health & Social Services	139,640,732	18,837,171	158,477,903	151,120,527
Patient/client fees	2,952,595	-	2,952,595	2,698,496
Other income (note 2)	2,876,766	-	2,876,766	2,946,179
	145,470,093	18,837,171	164,307,264	156,765,202
Expenditures				
Acute care/mental health division				
Hospital services (note 2)	68,181,394	-	69,181,394	66,078,724
Mental health	11,744,470	-	11,744,470	11,008,900
Child and family services division	7,555,852	-	7,555,852	6,831,784
Income support division				
Income support program	21,401,197	-	21,401,197	21,763,643
Job creation program	1,360,971	-	1,360,971	1,320,705
Community services division				
Addiction services	3,564,547	-	3,564,547	3,319,702
Housing	1,784,033	-	1,784,033	1,876,356
Public health nursing	1,373,900	-	1,373,900	1,182,607
Funding to non-government organizations	2,833,315	-	2,833,315	2,805,790
Community services programs	1,923,717	-	1,923,717	1,689,466
Continuing care division	21,671,189	-	21,671,189	20,694,898
Administration	1,075,508	-	1,075,508	1,008,775
Assigned programs				
Dental public health	-	2,313,368	2,313,368	2,270,975
Provincial pharmacy	-	16,092,119	16,092,119	14,511,340
Environmental health	-	431,684	431,684	401,537
	145,470,093	18,837,171	164,307,264	156,765,202
Excess revenue for the year	-	-	-	-
Unappropriated equity – Beginning of year			-	-
Unappropriated equity – End of year			-	-

Queens Health Region

Statement of Revenue and Expenditures and Appropriated Equity

For the year ended March 31, 2002

	2002 $	2001 $
Restricted Fund		
Revenue		
Donations	31,962	62,532
Interest	11,262	10,570
	43,224	73,102
Expenditures		
Resident activities	54,788	51,836
Excess revenue (expenditures) for the year	(11,564)	21,266
Restricted Fund equity – Beginning of year	188,986	167,720
Restricted Fund equity – End of year	177,422	188,986

Queens Health Region

Statement of Cash Flows

For the year ended March 31, 2002

	2002 $	2001 $
Cash provided by (used in)		
Operating activities		
Excess revenue (expenditures) for the year – operating fund	-	-
– restricted fund	(11,564)	21,266
	(11,564)	21,266
Net change in non-cash working capital items		
– increase in accounts receivable	(1,968,105)	(716,376)
– decrease (increase) in due from Province of P.E.I. Department of Health and Social Services	(2,223,757)	1,128,612
– increase in prepaid expenses	(207,587)	(502,787)
– increase (decrease) in accounts payable and accrued liabilities	341,550	(1,186,596)
– increase in accrued vacation pay and retiring allowances	1,784,993	284,393
– increase in deferred revenue	165,499	313,869
	(2,107,407)	(678,885)
	(2,118,971)	(657,619)
Investing activity		
Decrease (increase) in appropriated assets	11,564	(21,266)
Decrease in cash	(2,107,407)	(678,885)
Cash – Beginning of year	181,512	860,397
Cash (bank advances) – End of year	(1,925,895)	181,512

Queens Health Region

Statement of Tangible Capital Assets

For the year ended March 31, 2002

	Land and Improvements $	Buildings $	Equipment $	2002 Total $	2001 Total $
Cost of tangible capital assets					
Opening cost	554,007	44,641,977	31,365,896	76,561,880	74,563,556
Additions during the year	-	-	2,062,884	2,062,884	1,998,324
Closing cost	554,007	44,641,977	33,428,780	78,624,764	76,561,880
Accumulated amortization					
Opening accumulated amortization	23,338	20,408,900	13,457,552	33,889,790	31,817,036
Add: Amortization	2,918	1,117,722	1,081,044	2,201,684	2,072,754
Closing accumulated amortization	26,256	21,526,622	14,538,596	36,091,474	33,889,790
Net carrying amount of tangible capital assets	527,751	23,115,355	18,890,184	42,533,290	42,672,090

1 Summary of significant accounting policies

Basis of accounting

Queens Health Region follows the accounting recommendations of the Public Sector Accounting Board of The Canadian Institute of Chartered Accountants.

Basis of presentation

Effective November 17, 2001, the name of Queens Region Health and Community Services was changed to Queens Health Region.

Queens Health Region operates five divisions: acute care/mental health, child and family services, income support, community services and continuing care.

In addition to regional programs, the Prince Edward Island Department of Health and Social Services assigned to Queens Health Region the management of three provincial programs – dental public health, provincial pharmacy and environmental health.

Included in the acute care/mental health division are the following services:

- Queen Elizabeth Hospital
- Hillsborough Hospital
- Sherwood Home
- Community Mental Health

Included in the income support division are the following services:

- Income support programs
- Job creation program

Included in the community services division are the following services:

- Addiction services
- Housing
- Public health nursing
- Speech program
- Audiology program
- Contributions to non-government organizations
- Community services program

Included in the continuing care division are the following services:

- Beach Grove Home
- Prince Edward Home
- Contributions to private nursing homes
- Home care and support

These financial statements do not include the assets, liabilities and activities of the Region's related organizations, Queen Elizabeth Hospital Foundation Inc. and Queen Elizabeth Hospital Auxiliary Inc.

Restricted Fund

Several institutions in Queens Health Region have funds that are subject to certain restrictions. All such funds were formed for the purpose of benefiting the residents of the institutions.

The following funds are included in the Restricted Fund on the financial statements:

- Beach Grove Home Memorial fund
- Hillsborough Hospital Memorial fund
- Prince Edward Home Memorial fund
- Prince Edward Island Palliative Care fund

Interest earned on these funds has also been designated for the purpose of benefiting the residents and is included in interest income of the Restricted Fund.

Financial support overpayments

Financial support overpayments are recorded as receivable when identified, with a full provision as a doubtful account. Recoveries of financial support overpayments are recorded as a reduction to financial support expenditures when received.

Assets held in trust

Certain institutions provide a safekeeping for residents' monies, which are primarily held in bank accounts.

Tangible capital assets

Capital assets are recorded at cost on the Statement of Tangible Capital Assets. Amortization of capital assets is recorded on the Statement of Tangible Capital Assets using the straight-line method at the annual rate of 10% for land improvements, 2.5% for buildings and 6.25% for equipment.

Capital assets purchased in the year are expensed on the Statement of Revenue and Expenditures and Unappropriated Equity.

Many of the services provided through the Queens Health Region are located in properties owned directly or indirectly by the Province of Prince Edward Island. Agreement has been reached with the Province for the Region to use these properties at no rental charge.

Management estimates

The presentation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reported period. Actual results could differ from those reported.

Fair value of financial instruments

The financial instruments of the Queens Health Region include accounts receivable, due from Province of Prince Edward Island Department of Health and Social Services, assets held in trust, appropriated assets, accounts payable and accrued liabilities, and accrued vacation pay and retiring allowances.

The Region has evaluated the fair value of its financial instruments based on the current interest rate environment, market values and the actual prices of financial instruments with similar terms. The carrying value of financial instruments is considered to approximate fair value.

2 Related party transactions

Accounts receivable includes $725,014 (2001 – $520,770) from the Queen Elizabeth Hospital Foundation Inc. for equipment purchases. Other income includes donations from the Queen Elizabeth Hospital Foundation Inc. for equipment purchases of $1,582,846 (2001 – $1,366,215). These purchases are included in hospital services expense.

3 Subsequent event

Subsequent to the balance sheet date, the Minister of Health and Social Services announced the creation of a new Provincial Health Services Authority, which will amalgamate the operations of the Queen Elizabeth Hospital, Prince County Hospital, Hillsborough Hospital, and the institutional component of Queens Region Addiction Services.

Required legislative changes have been passed but do not become effective until proclaimed.

Planning for the transition of the above operations is currently underway.

4 Commitments

Queens Region Health is committed to purchase major equipment with a total cost of $5,205,000. The Prince Edward Island Department of Health and Social Services is committed to funding this equipment purchase.